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2003 STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2003)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Number: 00	19109		II. CERTI	FICATION BY AUTHORIZED FACILITY OFFICER
	Facility Name: The Lutheran Home Address: 7019 N Galena Road Number County: Peoria Telephone Number: (309) 689-9698 IDPA ID Number: 370818454002	Peoria City Fax # (309) 692-5023	61614 Zip Code	State of and cer are true applica is base	re examined the contents of the accompanying report to the fillinois, for the period from 01/01/03 to 12/31/03 tify to the best of my knowledge and belief that the said contents, accurate and complete statements in accordance with ble instructions. Declaration of preparer (other than provider) d on all information of which preparer has any knowledge.
	Date of Initial License for Current Owners: Type of Ownership: X VOLUNTARY,NON-PROFIT X Charitable Corp. Trust	PROPRIETARY Individual Partnership	GOVERNMENTAL State County	Officer or Administrator of Provider	(Signed) (Date) (Type or Print Name) (Title) (Signed)
	IRS Exemption Code	Corporation "Sub-S" Corp. Limited Liability Co. Trust Other	Other	Paid Preparer	(Print Name and Title) (Firm Name & Address) (Telephone) (B47) 236-1111 (Date) (Date) (Date) (Date) (Date) (Date)
	In the event there are further questions about Name:: Steve Lavenda	this report, please contact: Telephone Number: (847) 236 -	1111		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630

STATE OF ILLINOIS Page 2

Faci	ity Name & ID Numb	per The Luthera	n Home				# 0019109 Report Period Beginning: 01/01/03 Ending: 12/31/03
	III. STATISTICA	L DATA					D. How many bed-hold days during this year were paid by Public Aid?
	A. Licensure/o	certification level(s) of	f care; enter numbei	of beds/bed days,			None (Do not include bed-hold days in Section B.)
	(must agree	with license). Date of	change in licensed b	eds			
				_		_	E. List all services provided by your facility for non-patients.
	1	2		3	4		(E.g., day care, "meals on wheels", outpatient therapy)
							None
	Beds at				Licensed		
	Beginning of	Licensu	re	Beds at End of	Bed Days During		F. Does the facility maintain a daily midnight census? Yes
	Report Period	Level of	Care	Report Period	Report Period		· · · · · · · · · · · · · · · · · · ·
	_						G. Do pages 3 & 4 include expenses for services or
1	69	Skilled (SNI	F)	69	25,185	1	investments not directly related to patient care?
2		Skilled Pedi	atric (SNF/PED)		Í	2	YES X NO
3	16	Intermediat	e (ICF)	16	5,840	3	<u> </u>
4		Intermediat	e/DD			4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
5		Sheltered Ca	are (SC)			5	YES X NO
6		ICF/DD 16	or Less			6	
							I. On what date did you start providing long term care at this location?
7	85	TOTALS		85	31,025	7	Date started 6/1/1976
	B.C. B.						J. Was the facility purchased or leased after January 1, 1978?
	B. Census-For	r the entire report per					YES Date NO x
	1	2	3	4	5		
	Level of Care		by Level of Care an	d Primary Source of	Payment	-	K. Was the facility certified for Medicare during the reporting year?
		Public Aid	D D	0.1	m . 1		YES x NO If YES, enter number
_	CATE:	Recipient	Private Pay	Other	Total	_	of beds certified 51 and days of care provided 1,752
_	SNF	4,678	15,038	1,752	21,468	8	M.P. T. P. All C. Ellis
	SNF/PED	161	2.115		2.550	9	Medicare Intermediary AdminaStar Federal, Inc.
	ICF ICF/DD	464	3,115		3,579	10 11	IV. ACCOUNTING BASIS
12							IV. ACCOUNTING BASIS MODIFIED
	DD 16 OR LESS					12	
13	DD 16 OK LESS					13	ACCRUAL X CASH* CASH*
14	TOTALS	5,142	18,153	1,752	25,047	14	Is your fiscal year identical to your tax year? YES NO
	C. Percent Oc	cupancy. (Column 5,	line 14 divided by to	ital licensed			Tax Year: 12/31/03 Fiscal Year: 12/31/03
		n line 7, column 4.)	80.73%				* All facilities other than governmental must report on the accrual basis.
				_	SEE ACCOUNTAN	NTS' CO	OMPILATION REPORT

STATE OF ILLI	INOIS				Page 3
#	0019109	Report Period Reginning	01/01/03	Ending	12/31/03

2 Food Purchase 134,267 134,267 14,509 119,758 (2,693) 117,065 3 Housekeeping 161,960 25,6607 71 187,638 88,483 187,638 88,483			The Lutheran I			#	0019109	Report Period	Beginning:	01/01/03	Ending:	12/31/03	_
Departing Expenses	V. COST (CENTER EXPENSES (through				llar)	ъ .	D 1 +0 1 [EOD OHE	LIGE ONLY	
A. General Services											FOR OHF	USE ONLY	
1 Dictary 253,420 14,880 5,256 273,558 273,558 273			Salary/Wage	Supplies		Total							
2 Food Purchase 134,267 143,267 143,67 119,758 (2,693) 117,065 3 Housekeeping 161,960 25,607 71 187,638 18		Services	1	2		4	5		7		9	10	
3 Housekeeping			253,420		5,256								1
4 Laundy 77,035 72,42 4.206 88,483							(14,509)		(2,693)				2
Feat and Other Utilities		oing	,										3
6 Maintenance 64,492 19,790 63,029 147,311 147,311 (21,065) 126,246 7 Other (specify)** 8 TOTAL General Services 556,907 201,786 182,822 941,515 (14,509) 927,006 (23,758) 903,248 8 Health Care and Programs 9 Medical Director			77,035	7,242		,				,			4
7 Other (specify);* 8 TOTAL General Services 556,907 201,786 182,822 941,515 (14,509) 927,006 (23,758) 903,248 8 Hedical Care and Programs 9 9 Medical Director 3,3,600 3,600 3,600 3,600 3,600 3,600 3,600 10 Nursing and Medical Records 1,701,321 114,428 4,026 1,819,775 1,819,775 1,819,775 10 Therapy 34,928 34,928 34,928 34,928 34,928 34,928 34,928 34,928 34,928 11 Activities 5,6,812 27,599 232 84,643 84,643 84,643 84,643 12 Social Services 65,177 1,498 435 67,110 67,110 67,110 10 11 Program Transportation 19,518 2,744 22,262 22,262 22,262 15 Other (specify);* 16 TOTAL Health Care and Programs 1,877,756 146,269 8,293 2,032,318 2,032,318 2,032,318 2,032,318 C. G. General Administration 17 Administrative 66,118 66,118 66,118 66,118 66,118 18 Directors Fees 49,878 49,878 49,878 49,878 (3,167) 46,711 19 Professional Services 49,878 49,878 49,878 49,878 (3,167) 46,711 19 Professional Services 61,390 140,253 140,253 140,253 117,766 12 117,766 12 117,767 117,777 117,777 (4) 1,773 1,777 (5) 1,777 (7) 1,77													5
B TOTAL General Services 556,907 201,786 182,822 941,515 (14,509) 927,006 (23,758) 903,248			64,492	19,790	63,029	147,311		147,311	(21,065)	126,246			6
B. Health Care and Programs 3,600	7 Other (spec	cify):*											7
9 Medical Director 10 Nursing and Medical Records 1,701,321 114,428 4,026 1,819,775 1,			556,907	201,786	182,822	941,515	(14,509)	927,006	(23,758)	903,248			8
10 Nursing and Medical Records 1,701,321 114,428 4,026 1,819,775													
10a Therapy					3,600								9
11 Activities 56,812 27,599 232 84,643 44,645 84,645 84,645 84,645 84,6	10 Nursing an	d Medical Records	/ - /-	114,428	4,026					, , -			10
12 Social Services 65,177 1,498 435 67,110 67,110 67,110 67,110 13 Nurse Aide Training	10a Therapy												10a
13 Nurse Aide Training 14 Program Transportation 19,518 2,744 22,262 22,262 22,262 22,262 15 Other (specify):**	11 Activities		56,812	27,599		84,643		84,643		84,643			11
14 Program Transportation 19,518 2,744 22,262 22,262 22,262 22,262 15 Other (specify):*	12 Social Serv	vices	65,177	1,498	435	67,110		67,110		67,110			12
Total Health Care and Programs 1,877,756 146,269 8,293 2,032,318 2,032,318 2,032,318 C. General Administration Ge,118	13 Nurse Aide	e Training											13
TOTAL Health Care and Programs	14 Program T	ransportation	19,518	2,744		22,262		22,262		22,262			14
C. General Administration 17 Administrative 66,118 66,118 66,118 66,118 66,118 66,118 18 Directors Fees	15 Other (spec	cify):*											15
17 Administrative 66,118 66,118 66,118 66,118	16 TOTAL H	ealth Care and Programs	1,877,756	146,269	8,293	2,032,318		2,032,318		2,032,318			16
18 Directors Fees 19 Professional Services 49,878 49,8	C. General	Administration											
19 Professional Services	17 Administra	ntive	66,118			66,118		66,118		66,118			17
20 Dues, Fees, Subscriptions & Promotions 25,429 25,429 25,429 (1,918) 23,511	18 Directors F	Pees											18
21 Clerical & General Office Expenses 60,254 18,609 61,390 140,253 (22,487) 117,766 22 Employee Benefits & Payroll Taxes 516,494 516,494 14,509 531,003 531,003 23 Inservice Training & Education 13,014 13,014 13,014 (5,479) 7,535 25 Other Admin. Staff Transportation 1,777 1,777 1,777 (4) 1,773 26 Insurance-Prop.Liab.Malpractice 124,918 124,918 124,918 124,918 27 Other (specify):* 28 TOTAL General Administration 126,372 18,609 792,900 937,881 14,509 952,390 (33,055) 919,335 TOTAL Operating Expense	19 Professiona	al Services			49,878	49,878		49,878	(3,167)	46,711			19
22 Employee Benefits & Payroll Taxes 516,494 516,494 14,509 531,003 531,003 23 Inservice Training & Education 13,014 13,014 13,014 (5,479) 7,535 24 Travel and Seminar 13,014 13,014 13,014 (5,479) 7,535 25 Other Admin. Staff Transportation 1,777 1,777 1,777 (4) 1,773 26 Insurance-Prop.Liab.Malpractice 124,918 124,918 124,918 27 Other (specify):* 2 28 TOTAL General Administration 126,372 18,609 792,900 937,881 14,509 952,390 (33,055) 919,335 TOTAL Operating Expense	20 Dues, Fees	, Subscriptions & Promotions			25,429	25,429		25,429	(1,918)	23,511			20
23 Inservice Training & Education	21 Clerical &	General Office Expenses	60,254	18,609	61,390	140,253		140,253	(22,487)	117,766			21
24 Travel and Seminar 13,014 13,014 13,014 (5,479) 7,535 2 25 Other Admin. Staff Transportation 1,777 1,777 1,777 (4) 1,773 2 26 Insurance-Prop.Liab.Malpractice 124,918 124,918 124,918 124,918 124,918 2 27 Other (specify):* 2 14,509 952,390 (33,055) 919,335 3 TOTAL Operating Expense 126,372 18,609 792,900 937,881 14,509 952,390 (33,055) 919,335 3	22 Employee	Benefits & Payroll Taxes			516,494	516,494	14,509	531,003		531,003			22
25 Other Admin. Staff Transportation 1,777 1,777 1,777 1,777 (4) 1,773 2 2 Insurance-Prop.Liab.Malpractice 124,918 124,918 124,918 124,918 2 2 Other (specify):* 2 TOTAL General Administration 126,372 18,609 792,900 937,881 14,509 952,390 (33,055) 919,335 TOTAL Operating Expense	23 Inservice T	Fraining & Education											23
26 Insurance-Prop.Liab.Malpractice 124,918 124,918 124,918 124,918 27 Other (specify):* 28 TOTAL General Administration 126,372 18,609 792,900 937,881 14,509 952,390 (33,055) 919,335 TOTAL Operating Expense 124,918 124,918 124,918 124,918	24 Travel and	Seminar			13,014	13,014		13,014	(5,479)	7,535			24
26 Insurance-Prop.Liab.Malpractice 124,918 124,918 124,918 124,918 24,918 124,918					1,777	1,777		1,777	(4)	1,773			25
27 Other (specify):* 2 28 TOTAL General Administration 126,372 18,609 792,900 937,881 14,509 952,390 (33,055) 919,335 TOTAL Operating Expense 5 5 5 5 6 6 6 7 6 7	26 Insurance-	Prop.Liab.Malpractice			124,918	124,918		124,918		124,918			26
TOTAL Operating Expense					-	,				*			27
	28 TOTAL G	eneral Administration	126,372	18,609	792,900	937,881	14,509	952,390	(33,055)	919,335			28
			2.5(1.025	266.651	004.05	2.011.51	·	2.011.51	(56.043)	2.054.024			
29 (sum of lines 8, 16 & 28) 2,561,035 366,664 984,015 3,911,714 3,911,714 (56,813) 3,854,901 2			2,561,035	366,664	984,015	3,911,714		3,911,714	(56,813)	3,854,901	т	<u> </u>	29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILAT NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

#0019109 R

Report Period Beginning:

01/0<u>1</u>/03 Ending:

Page 4 12/31/03

V. COST CENTER EXPENSES (continued)

			Cost Per Gener	al Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			352,370	352,370		352,370	(75,397)	276,973			30
31	Amortization of Pre-Op. & Org.			23,270	23,270		23,270		23,270			31
32	Interest			280,082	280,082		280,082	(4,771)	275,311			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			655,722	655,722		655,722	(80,168)	575,554			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	35,703	66,520	82,047	184,270		184,270		184,270			39
40	Barber and Beauty Shops	19,054	779		19,833		19,833	(17,909)	1,924			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			46,537	46,537		46,537		46,537			42
43	Other (specify):*	23,590	3,743	11,737	39,070		39,070	(39,070)				43
44	TOTAL Special Cost Centers	78,347	71,042	140,321	289,710		289,710	(56,979)	232,731			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	2,639,382	437,706	1,780,058	4,857,146		4,857,146	(193,960)	4,663,186			45

^{*}Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Page 5

Ending:

0019109 Report Period Beginning:

01/01/03

12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	III Column	1 2 below, reference the	11110 OH W		iai cos
		1	Refer-	OHF USE	
	NON-ALLOWABLE EXPENSES	Amount	ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,693)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(75,397)	30		9
10	Interest and Other Investment Income	(4,771)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(2,883)	21		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,918)			28
29	Other-Attach Schedule	(106,298)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (193,960))	\$	30

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (193,960)	37

^{*}These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions)

(Se	e instructions.)	1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)	•		\$		47

	OHF USE ONL	Y				
48		49	50	51	52	
	•					

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Barber and Beauty Travel	(4)	25	1
2	Miscellaneous Expense	(16,598)	21	2
3	Investment Expense	(2,598)	21	3
4	Marketing Salaries	(23,590)	43	4
5	Marketing Expenses	(15,480)	43 40 21	5
6	Barber and Beauty Income	(17,909)	40	6
7	Miscellaneous Income Miscellaneous Income	(368)	21 21	7
9	Miscellaneous Income	(1,852)	21 19	9
10	Out of Period Legal Fees			10
11	Non-allowable Travel Undocumented Seminar/Travel	(3,901) (1,578)	24 24	11
12	Capitalized R&M	(21,065)	06	12
13	Undocumented Professional Fees	(1,315)	19	13
14	Oracemented Foressonal Fee	(1,513)		14
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STATE OF ILLINOIS

Summary A Facility Name & ID Number The Lutheran Home SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I # 0019109 Report Period Beginning: 01/01/03 12/31/03 **Ending:**

	SUMMARY OF PAGES 5, 5A, 6, 6A	<u>, 6B, 6C, 6</u> D, 6	<u>6E, 6F, 6G</u> , 61	H AND 61										
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6Н	61	(to Sch V, col.	.7)
1	Dietary						-		-			-		1
2	Food Purchase	(2,693)											(2,693)	2
3	Housekeeping	` ` `												3
4	Laundry													4
5	Heat and Other Utilities													5
6	Maintenance	(21,065)											(21,065)	6
7	Other (specify):*	` ′ ′											` ' '	7
8	TOTAL General Services	(23,758)											(23,758)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs													16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(3,167)											(3,167)	
20	Fees, Subscriptions & Promotions	(1,918)											(1,918)	
21	Clerical & General Office Expenses	(22,487)											(22,487)	
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(5,479)											(5,479)	24
25	Other Admin. Staff Transportation	(4)											(4)	25
26	Insurance-Prop.Liab.Malpractice													26
27	Other (specify):*													27
28	TOTAL General Administration	(33,055)											(33,055)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(56,813)											(56,813)	29

STATE OF ILLINOIS

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/03 Ending: 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

													SUMMARY	
	Capital Expense	PAGES	PAGE	TOTALS										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col	
30	Depreciation	(75,397)											(75,397)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(4,771)											(4,771)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	TOTAL Ownership	(80,168)											(80,168)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(17,909)											(17,909)	40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(39,070)											(39,070)	43
44	TOTAL Special Cost Centers	(56,979)											(56,979)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(193,960)											(193,960)	45

0019109

01/01/03

The Eutheran Home

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

A. Enter below the names of ALL owne	ers and reia	ed organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.						
1		2	3					
OWNERS		RELATED NURSING HOME	OTHER RELATED BUSINESS ENTITIES					
Name Own	nership %	Name	City	Name	City	Type of Business		
See Attached	5	See Attached		See Attached				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

x

NO

 $If yes, costs incurred \ as \ a \ result \ of \ transactions \ with \ related \ organizations \ must \ be \ fully \ itemized \ in \ accordance \ with$

the instructions for determining costs as specified for this form.

_	-		for determining costs as specifical						
	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership		Costs (7 minus 4)	
	*7			0		Ownership	or gamzation	Costs (7 mmus 4)	
1	V			3			5	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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Page 6A # 0019109 Facility Name & ID Number The Lutheran Home Report Period Beginning: 01/01/03 Ending: 12/31/03

VII.	RELA	ATED	PARTI	ES (co	ntinued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS		

Page 6B

Facility Name & ID Number	The Lutheran Home	#	0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
VII. RELATED PARTIES (contin	nued)							
D Are any costs included in the	s report which are a result of transactions with related organizations? This i	inaludas rar	.+					

NO

YES

 $If yes, costs incurred \ as \ a \ result \ of \ transactions \ with \ related \ organizations \ must \ be \ fully \ itemized \ in \ accordance \ with$

the instructions for determining costs as specified for this form.

management fees, purchase of supplies, and so forth.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
1	2	5 Cost Fer General Leager	4	5 Cost to Related Organization	· -	0		
					Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					Ownership	Organization	Costs (7 minus 4)	
15 V			\$			\$		15
16 V								16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29								29
30 V								30
31 7								31
32								32
33 V								33
34 1								34
00	-				1			35
30 V								36
37								37
38 V								38
39 Total			\$			S	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	
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		STATE OF ILLINOIS			F	Page 6C
Facility Name & ID Number	The Lutheran Home	# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03

VII.	RELA	ATED	PARTI	ES (co	ntinued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	5			J	age 6D
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Fac	ility Name & ID Number	The Lutheran Home		#	0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	RELATED PARTIES (continu Are any costs included in this management fees, purchase of	report which are a result of transactions w	rith related organizations? This incl	udes ren	ıt,					
	If yes, costs incurred as a resu	ult of transactions with related organization	is must be fully itemized in accorda	nce with						

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	1		5 Cost l'el Gellel al Leugel	7	3 Cost to Related Of gamzation				
			_			Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	1
						Ownership	Organization	Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27 28
29	V								29
30	V								30
31	V								31
32	V					1			32
33	v					1			33
34	v					†			34
35	V					1			35
36	V								36
37	V								37
38	V								38
	Total			s		-	s	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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Page 6E # 0019109 Facility Name & ID Number The Lutheran Home Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)	VII.	REL	ATED	PARTIES	(continued)
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B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
1	2	5 Cost Fer General Leager	4	5 Cost to Related Organization	· -	0		
					Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					Ownership	Organization	Costs (7 minus 4)	
15 V			\$			\$		15
16 V								16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29								29
30 V								30
31 7								31
32								32
33 V								33
34 1								34
00	-				1			35
30 V								36
37								37
38 V								38
39 Total			\$			S	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS				P	age 6F
Facility Name & ID Number	The Lutheran Home	#	0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03

VII. RELATED PARTIES (continued)

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizati	ions?	This includes rent
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS	S			P	Page 6G
Facility Name & ID Number	The Lutheran Home	#	0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03

			D / DEETE C	
VII.	REI.	ATED	PARTIES	(continued)

B.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizat	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	1 2 3 Cost Per General Ledger		4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLIN	STATE OF ILLINOIS							Page 6H
		0040400	-	_			04/04/03	 40/04/00

Facility Name & ID Number The	ne Lutheran Home	#	0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03
VII. RELATED PARTIES (continued) B. Are any costs included in this repo management fees, purchase of sup	ort which are a result of transactions with related organizations? This include	es ren	t,				
If yes, costs incurred as a result of	f transactions with related organizations must be fully itemized in accordance	with					

the instructions for determining costs as specified for this form.

	the mstru		or determining costs as specified for	tills for iii.		1	I	I	
	1 2 3 Cost Per General Ledger		4	5 Cost to Related Organization	6	7	8 Difference:		
						Percent	Operating Cost	Adjustments for	
Scho	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	1
						Ownership	Organization	Costs (7 minus 4)	
15	V			S		o whereship	S	\$	15
16	V			-			-		16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			ls			s	s *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

		STATE OF ILLINOIS					
Facility Name & ID Number	The Lutheran Home	#	0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03

VII. RELATED PARTIES (continued)

В.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizati	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	1 2 3 Cost Per General Ledger		4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

0019109

01/01/03

Ending:

12/31/03

Report Period Beginning:

VII. RELATED PARTIES (continued)

Facility Name & ID Number

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

The Lutheran Home

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hou	ırs Per Work				
					Compensation	Week Devoted to this		Compensation Included		Schedule V.	
					Received	Facility and	l % of Total	in Costs for this		Line &	
				Ownership	From Other	Work	Week	Reportin	g Period**	Column	
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	N/A								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

^{*} If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

^{**} This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME. ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

STATE OF ILLINOIS		

Page 8

	Facility Name	e & ID Number The l	Lutheran Home		# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLOC	CATION OF INDIRECT C	COSTS			Name of Rel	ated Organization			
	A. Are the	ere any costs included in th	is report which were derived from	allocations of centr	al office	Street Addre			-	
		ent organization costs? (See		NO		City / State /			_	
		,				Phone Numb	er ()	•	
	B. Show t	he allocation of costs below	v. If necessary, please attach work	sheets.		Fax Number	<u>(</u>)		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11 12										11 12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					s	\$		\$	25

			Ε									

Page 8A # 0019109 Report Period Beginning: 01/01/03 Facility Name & ID Number The Lutheran Home Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code	
_	Phone Number	()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10 11			-							10
12										11
13										12
14										14
15										15
16										16
17										17
18										18
19										19
20										20 21
21										21
22	-	·								22
23										23
24										24
25	TOTALS					\$	\$		\$	25

STATE OF ILLINOIS	Page 8B

	Facility Name	e & ID Number	The Luthera	n Home		# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
		CATION OF INDIR						ated Organization			
				t which were derived fron		al office	Street Addre				
	or pare	ent organization cos	ts? (See instruc	tions.) YES	NO		City / State /	Zip Code			
							Phone Numb)		
	B. Show th	he allocation of cost	s below. If nece	essary, please attach work	sheets.		Fax Number	<u>(</u>)		
	1	2		3	4	5	6	7	8	9	\Box
	Schedule V			Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line			(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item		Square Feet)	Total Units	Allocated Among		in Column 6	Units	(col.8/col.4)x col.6	
1	Keierence	Item		Square rect)	Total Units	Anocated Among	Anocateu	e column o	Units	(01.0/01.4)x 01.0	1
2							3	Ф		J	2
3										+	3
4										1	4
5										1	5
6	-									+	6
7											7
8											8
9											9
10											10
11											11
10 11 12 13											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24								ļ			24
25	TOTALE						<u>Ф</u>	¢.		0	25

STATE OF ILLINOIS	Page 8C

	Facility Name	e & ID Number The Lu	theran Home		# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLOC	CATION OF INDIRECT CO	STS			Name of Bal	ated Organization			
	A Are the	ere any costs included in this	report which were derived from	allocations of centr	al office	Street Addre				
		ent organization costs? (See in		NO		City / State /		_		
	01 P	one organization costs. (See I				Phone Numb)	_	
	B. Show th	he allocation of costs below.	If necessary, please attach work	sheets.		Fax Number	· ()		
								-		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e., Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Ü	in Column 6	Units	(col.8/col.4)x col.6	
1	Reference	Item	Square rect)	Total Clits	Amocated Among	S	S S	Cints	\$	1
2						Ψ	Ψ		-	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12 13										12
14						_			+	14
15									 	15
16						_			+	16
17										17
18										18
19										19
20										20
21										21
22		-		·						22
23										23
24										24
35	TOTALE					e e	(C)		e e	25

STATE OF ILLINOIS	Page 8D

	Facility Name	e & ID Number The Luther	ran Home		# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLOC	CATION OF INDIRECT COSTS								
							ated Organization			
		ere any costs included in this repo			al office	Street Addre				
	or pare	ent organization costs? (See instru	uctions.) YES	NO		City / State / Phone Numb	Zip Code			
	D Show t	he allocation of costs below. If no	oossami nlaasa attaah wark	shoots		Fax Number		<u>)</u>		
	D. Show t	ne anocation of costs below. If he	ccessary, picase attach work	succis.		rax Number	<u>(</u>	,		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15 16								ļ		15 16
17										17
18										18
19										19
20										20
21										21
22	-									22
23										23
24										24
25	TOTALS					\$	\$		\$	25

STATE OF ILLINOIS	Page 8E
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	Facility Name	e & ID Number The Luthera	n Home		# 0019109 R	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLOC	CATION OF INDIRECT COSTS								
				n e .	1 00		nted Organization			
		ere any costs included in this repor		NO	al office	Street Addre				
	or pare	ent organization costs? (See instruc	ctions.) YES	NO		City / State / Phone Numb				
	R Show th	he allocation of costs below. If nec	essarv nlease attach work	sheets		Fax Number	()		
	D. Show th	ne anocation of costs below. If nec	essary, preuse actaen work	SHCC US.		1 da Pullibei				
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1					8	\$	\$		\$	1
2										2
3										3
4										4
5										5
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18 19										18 19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

STATE OF ILLINOIS Page	8	F	
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	Facility Name	e & ID Number	The Luthera	n Home		# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLO	CATION OF INDIRI	ECT COSTS				Name of Rel	ated Organization			
	A. Are the	ere any costs include	d in this repor	t which were derived from	allocations of centr	al office	Street Addr				
	or par	ent organization cost	s? (See instruc	ctions.) YES	NO		City / State /	Zip Code			
	_			•	<u> </u>		Phone Numl)		
	B. Show t	the allocation of costs	below. If nec	essary, please attach work	sheets.		Fax Number	· <u>(</u>)		
	1	2		3	4	5	6	7	8	9	
	Schedule V			Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line			(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item		Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1				- 1			S	\$		\$	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10 11				-							10 11
12									-		11
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20			<u> </u>								20
21											21
22											22
23											23
24											24
25	TOTALS						S	\$		\$	25

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V										
	III. ALLOC	ATION OF INDIRECT COSTS								
							ated Organization			
		re any costs included in this repor			al office	Street Addre				
	or pare	nt organization costs? (See instru	ctions.) YES	NO		City / State / Phone Numb	Zip Code			
	R Show th	e allocation of costs below. If nec	essary place attach works	hoote		Fax Number				
	b. Show th	ic anocation of costs below. If hec	essary, picase attach works	succes.		r ax rvumber		,	<u></u>	
	1	2	3	4	5	6	7	8	9	
S	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			Square 1 ccc)			\$	\$	2	\$	1
2						-	7		*	2
3										3
4										4
5										5
6										6
7										7
9			 							8
10										9
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
22										22
23			+							23
24										24
	OTALS					s	\$		s	25

STATE OF ILLINOIS	Page 8H

25

	Facility Name	e & ID Number The Luth	eran Home		# 0019109 I	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLOC	CATION OF INDIRECT COST	rs.				ated Organization	24		
		ere any costs included in this rep			al office	Street Addre				
	or pare	ent organization costs? (See inst	tructions.) YES	NO		City / State /				
						Phone Numb)		
	B. Show th	he allocation of costs below. If i	necessary, please attach work	sheets.		Fax Number	<u>(</u>)		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among		in Column 6	Units	(col.8/col.4)x col.6	
1	Reference	Tem	Square reety	Total Clits	/ Anocated / Among	S	\$	Cints	\$	1
2	 					1	Ψ		Ψ	2
3										3
4	1									4
5	1									5
6										6
7	1									7
8										8
9										9
10										10
11										11
12										12
13										13
14	<u> </u>									14
15	<u> </u>									15
16 17										16 17
18										18
19										19
20										20
21	 							 		21
22	 									22
23	1									23
24								1		24

25 TOTALS

STATE OF ILLINOIS	

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	Facility Name	e & ID Number The Luther	an Home		# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03	
	VIII. ALLOC	CATION OF INDIRECT COSTS				Name of Pal	ated Organization			
	A Are the	ere any costs included in this repo	ort which were derived from	allocations of centr	al office	Street Addre			_	
		ent organization costs? (See instri		NO		City / State /				
	or part	one organization costs. (See insti-	125			Phone Numb	er ()		
	B. Show th	he allocation of costs below. If no	ecessary, please attach work	sheets.		Fax Number	<u>(</u>)		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21			1							21
22			1							22
23			1							23
24										24
25	TOTALS					- I C	•		2	25

		Page 9				
Facility Name & ID Number	The Lutheran Home	# 0019109	Report Period Beginning:	01/01/03	Ending:	12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1 2 3 4 5 6 7 8 9

	1	2		3	4	5	,	6	7	8	9	10	
	Name of Lender	Relate YES	ed** NO	Purpose of Loan	Monthly Payment Required	Date of Note		Amou Original	nt of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related							Ŭ					
	Long-Term												
1	2001A&B Bonds		X	Campus Expansion	\$207,415.00	8/15/01	\$	6,644,015	\$ 4,036,364	Varies	6.0-7.35%	\$ 280,082	1
2													2
3													3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6													6
7													7
8	See Supplemental Schedule												8
9	TOTAL Facility Related				\$207,415.00		\$	6,644,015	\$ 4,036,364			\$ 280,082	9
10	B. Non-Facility Related*										1	I	10
10												(4 ===1)	10
	Interest Income		X									(4,771)	
12		1											12
13	See Supplemental Schedule												13
14	TOTAL Non-Facility Related						\$		\$			\$ (4,771)	14
15	TOTALS (line 9+line14)						\$	6,644,015	\$ 4,036,364			\$ 275,311	15

16)	Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.	\$ 0	Line#	N/A	

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number The Lutheran Home STATE OF ILLINOIS Page 9 - SUPPLEMENTAL # 0019109 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

2 10 Reporting Monthly Maturity Interest Period Name of Lender Related** **Purpose of Loan Payment Amount of Note** Date Rate Interest Date of YES NO Required Original (4 Digits) Note Balance Expense A. Directly Facility Related Long-Term 1 2 2 3 3 4 4 5 5 6 6 7 TOTAL Long-Term 7 **Working Capital** 8 9 9 10 10 11 11 12 12 13 13 14 14 TOTAL Working Capital B. Non-Facility Related* 15 15 16 16 17 17 18 18 19 19 20 TOTAL Non-Facility Related 20

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
0019109 Report Period Beginning: 01/01/03 Ending: 12/31/03

Facility Name & ID Number The Lutheran Home

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

B. Real Estate Taxes							
1. Real Estate Tax accrual used on 2002 report.	\$	1					
2. Real Estate Taxes paid during the year: (Indicate the t	2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)						
3. Under or (over) accrual (line 2 minus line 1).				\$	3		
4. Real Estate Tax accrual used for 2003 report. (Detail	and explain your calculation of this accrual on the lines	below.)		\$	4		
5. Direct costs of an appeal of tax assessments which has (Describe appeal cost below. Attach copies	1	1 0		s	5		
	6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.						
7. Real Estate Tax expense reported on Schedule V, line	33. This should be a combination of lines 3 thru 6.			\$	7		
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year: 1998	8		FOR OHF USE ONLY				
1999 2000	9	13	FROM R. E. TAX STATEMENT F	FOR 2002 \$	13		
2001 2002	11 12	14	PLUS APPEAL COST FROM LIN	IE 5 \$	14		
N/A		15	LESS REFUND FROM LINE 6	\$	15		
		16	AMOUNT TO USE FOR RATE C.	ALCULATION \$	16		

NOTES:

- 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an
 application for real estate tax exemption unless the building is rented from a for-profit entity.
 This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME	The Lutheran Hom	ie		COUNTY	Peoria	
FAC	ILITY IDPH LICE	ENSE NUMBER	0019109				
CON	TACT PERSON F	REGARDING THIS	REPORT : Steve Lav	venda			
TELI	EPHONE (847) 2	36-1111		FAX#: (847	236-1155		
A.		al Estate Tax Cost			,		
11.							
			state tax assessed for 20 e nursing home in Colu				
	home property w	hich is vacant, rented	to other organizations	, or used for pur	poses other than lon		
	entered in Colum	n D. Do not include	cost for any period oth	ner than calendar	year 2002.		
	(A))	(B)		(C)		(D)
							Tax Applicable to
	Tax Index	Number	Property Descri	<u>ption</u>	Total Tax		Nursing Home
1.					\$	\$_	
2.					\$	\$	
3.		<u> </u>			\$	_ \$_	
4.					\$	\$	
5.					\$	_ \$_	
6.					\$		
7.					\$		
8.					\$		
9. 10.					\$		
10.					3		
				TOTALS	s	\$	
				101.125			
B.	Real Estate Tax	Cost Allocations					
			to more than one nursi		property, or propert	y which is i	not directly
	used for nursing l	home services?	YES	NO			
			edule which shows the				ome.
	(Generally the rea	al estate tax cost mus	st be allocated to the nu	irsing home base	d upon sq. ft. of spa	ce used.)	
C	Toy Bille						

 $Attach\ a\ copy\ of\ the\ 2002\ tax\ bills\ which\ were\ listed\ in\ Section\ A\ to\ this\ statement.\ Be\ sure\ to\ use\ the\ 2002\ tax\ bill\ which\ which\ were\ listed\ in\ Section\ A\ to\ this\ statement.$

is normally paid during 2003.

Page 10A

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME	The Lutheran Hom	ie	COUNTY	Peoria					
FAC	ILITY IDPH LICI	ENSE NUMBER	0019109							
CON	TACT PERSON I	REGARDING THIS	REPORT : Steve Lavenda							
TEL	EPHONE (847) 2	36-1111	FAX#:	(847) 236-1155						
A.	Summary of Re	al Estate Tax Cost								
	Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.									
	(A)	(B)	(C)	(D) Tax					
	Tax Index	<u>Number</u>	Property Description	<u>Total Tax</u>	Applicable to Nursing Home					
1.				\$	\$					
2.				_ \$						
3. 4		 -		\$\$	\$					
5.				\$\$						
6.		-		\$						
7.				\$						
8.				\$	\$					
9.				\$	<u> </u>					
10.				\$						
			TOTALS	\$	\$					
B.	Real Estate Tax	Cost Allocations								
	Does any portion used for nursing		to more than one nursing home, v	vacant property, or prope NO	rty which is not directly					
			edule which shows the calculation at be allocated to the nursing home							
C.	Tax Bills									

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which

is normally paid during 2001.

Page 10B

	ity Name & ID Number The Lutheran UILDING AND GENERAL INFORMA			STATE OF ILL # 0019		eriod Beginning:	: 01/01/03 Ending:	Page 11 12/31/03
A.	Square Feet: 32,000	B. General Construction Type:	Exterior	Masonry	Frame	Wooden	Number of Stories	1
C.	Does the Operating Entity? (Facilities checking (a) or (b) must co	x (a) Own the Facility omplete Schedule XI. Those checking (c)		ı a Related Organi ıle XI or Schedule		uctions.)	(c) Rent from Completely Unr Organization.	elated
D.	Does the Operating Entity? (Facilities checking (a) or (b) must co	x (a) Own the Equipment omplete Schedule XI-C. Those checking		pment from a Rela			(c) Rent equipment from Com Unrelated Organization.	pletely
E.	(such as, but not limited to, apartmen List entity name, type of business, squ 34 Independent Living Units. Separate fi	by this operating entity or related to the nts, assisted living facilities, day training uare footage, and number of beds/units inancial statements are issues for the nursin	facilities, day care, in available (where appl	dependent living ficable).				
	Therefore, it is not necessary to adjust ou	nt any independent riving expenses.						
F.	Does this cost report reflect any organif so, please complete the following:	nization or pre-operating costs which ar	re being amortized?		X	YES	NO NO	

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

23,270

A. Land.

XI. OWNERSHIP COSTS:

1. Total Amount Incurred:

3. Current Period Amortization:

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	35,725	1976	\$ 149,068	1
2	Facility	28,611	1985	180,000	2
3	TOTALS	64,336		\$ 329,068	3

SEE ACCOUNTANTS' COMPILATION REPORT

4. Dates Incurred:

2. Number of Years Over Which it is Being Amortized:

Page 12 12/31/03 STATE OF ILLINOIS # 0019109 Report Period Beginning: 01/01/03 Ending:

Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar.

FOR OHF USE ONLY Vear Constructed Cost Depreciation De		B. Build	ing Depreciation-Including Fixed Eq	uipment. (See inst	ructions.) Roun	a all numbers to near	rest dollar.					
Beds		1		2	3	4	5		7	8	9	
4			FOR OHF USE ONLY					-				
S		Beds*					Depreciation	in Years				
6 1986 1986 1986 698,529 17,466 17,466 309,948 6 7 7 8	4			1976	1976	\$ 1,676,061	\$		\$ 38,789	\$ 38,789	\$ 1,241,410	4
Total	5			1984	1984	481,567			13,733	13,733	271,578	5
S	6			1986	1986	698,529			17,466	17,466	309,948	6
Improvement Type**	7											7
9 Various	8											8
10 Various 1978 4,465 20 - 4,405 10 11 11 11 12 12 13 13 14 14 15 14 15 14 15 15		Impr	ovement Type**	•							•	
11 Various 1979 149 20 -	9	Various			1976	58,237		20	1,691	1,691	56,512	9
12 Various 1980 470 20 -	10	Various			1978	4,465		20	-		4,465	10
13 Various 1982 403 20 -									-			
14 Various 1983 1,717 20 - 1,717 14 15 Various 1984 2,946 20 - 3,131 15 16 Various 1985 3,290 20 167 167 3,242 16 17 Various 1986 5,335 20 110 110 5,246 17 18 Various 1987 18,303 20 432 432 18,121 18 19 Various 1988 66,182 20 1,756 1,756 38,747 19 20 Various 1990 134,732 20 3,305 3,305 49,809 20 21 Various 1991 40,069 20 1,091 1,091 15,125 21 22 Various 1992 890 20 29 29 29 362 22 23 Various 1993 748 20 42 42 483 23 24 Various 1994 5,993 <								7	-			
15 Various 1984 2,946 20 - 3,131 15									-			
16 Various 1985 3,290 20 167 167 3,242 16 17 Various 1986 5,335 20 110 110 5,246 17 18 Various 1987 18,303 20 432 432 432 18,121 18 19 Various 1988 66,182 20 1,756 1,756 38,747 19 20 Various 1990 134,732 20 3,305 3,305 49,809 20 21 Various 1991 40,069 20 1,091 1,091 15,125 21 22 Various 1992 890 20 29 29 362 22 23 Various 1993 748 20 42 42 483 23 24 Various 1994 5,993 20 193 193 2,021 24 25 Various 1995 36,256 20 1,747 1,747 15,937 25 26 Various 1996 43,073 20 1,844 1,844 1,844 15,506 26 27 Various 1998 13,903 20 857 857 5,424 28 29 Various 1998 13,903 20 12,645 12,645 69,753 29 30 -									-			
17 Various 1986 5,335 20 110 110 5,246 17 18 Various 1987 18,303 20 432 432 18,121 18 1988 66,182 20 1,756 1,756 38,747 19 Various 1990 134,732 20 3,305 3,305 49,809 20 21 Various 1990 134,732 20 20 1,091 1,091 15,125 21 22 Various 1991 40,069 20 1,091 1,091 15,125 21 22 Various 1992 890 20 29 29 362 22 23 Various 1993 748 20 42 42 42 483 23 324 Various 1994 5,993 20 193 193 2,021 24 25 Various 1995 36,256 20 1,747 1,747 15,937 25 27 Various 1996 43,073 20 1,844 1,844 1,844 1,5,006 27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1998 13,903 20 12,645 12,645 69,753 29 33 34 34 34 34 34 34 3								7				
18 Various 1987 18,303 20 432 432 18,121 18 19 Various 1988 66,182 20 1,756 37,305 38,747 19 20 Various 1990 134,732 20 3,305 3,305 49,809 20 21 Various 1991 40,069 20 1,091 1,091 15,125 21 22 Various 1992 890 20 29 29 362 22 23 Various 1993 748 20 42 42 483 23 24 Various 1994 5,993 20 193 193 2,021 24 25 Various 1994 5,993 20 1,747 1,747 1,747 15,937 25 26 Various 1995 36,256 20 1,747 1,747 15,937 25 27 Various 1996 43,073 20 1,844 1,844 15,506 26 27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1998 13												
19 Various 1988 66,182 20 1,756 1,756 38,747 19												
20 Various 1990 134,732 20 3,305 3,305 49,809 20												
21 Various 1991 40,069 20 1,091 1,091 15,125 21												
22 Various 1992 890 20 29 29 29 362 22 23 Various 1993 748 20 42 42 483 23 24 Various 1994 5,993 20 193 193 2,021 25 25 Various 1995 36,256 20 1,747 1,747 15,937 25 26 Various 1996 43,073 20 1,844 1,844 15,506 26 27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1999 122,497 20 12,645 12,645 69,753 30 30 31 32 30 31 32 33 34 34 34 34 34												
23 Various 1993 748 20 42 42 483 23 24 Various 1994 5,993 20 193 193 2,021 24 25 Various 1995 36,256 20 1,747 1,747 15,937 25 26 Various 1996 43,073 20 1,844 1,844 15,506 26 27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1999 122,497 20 12,645 12,645 69,753 29 31 32						.,						
24 Various 1994 5,993 20 193 193 2,021 24 25 Various 1995 36,256 20 1,747 1,747 15,937 25 26 Various 1996 43,073 20 1,844 1,844 15,506 26 27 Various 1997 32,988 20 2,131 2,131 15,750 26 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1999 122,497 20 12,645 12,645 69,753 29 30 - - - - 31 31 - - - 31 32 - - - 32 33 - - - 34												
25 Various 1995 36,256 20 1,747 1,747 15,937 25 26 Various 1996 43,073 20 1,844 1,844 15,506 26 27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 29 29 Various 1999 122,497 20 12,645 12,645 69,753 29 30 - - - - 30 31 - - - 31 32 - - - 32 33 - - - 33 34 - - - 34												
26 Various 1996 43,073 20 1,844 1,844 15,506 26 27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1999 122,497 20 12,645 12,645 69,753 30 31 - - - 30 31 - - - 31 32 - - - 32 33 - - - - 33 34 - - - - 34												
27 Various 1997 32,988 20 2,131 2,131 15,792 27 28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1999 122,497 20 12,645 12,645 69,753 29 30 - - - 30 31 - - - 31 32 - - - 33 33 - - - 33 34 - - - 34	_											
28 Various 1998 13,903 20 857 857 5,424 28 29 Various 1999 122,497 20 12,645 12,645 69,753 29 30 - - - 31 31 - - - 31 32 - - - 33 33 - - - 33 34 - - - 34	26							7				
29 Various 1999 122,497 20 12,645 12,645 69,753 29 30 - - 30 31 - - 31 32 - - 32 33 - - - 32 34 - - - 34	27											
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31 - - 31 32 - - 32 33 - - - 33 34 - - 34		various			1779	122,497	1	20		12,045		
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34 34					ļ					1		
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	35	1			 		<u> </u>		-	 	-	35
36 - 36		-			-		-			-		

See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

^{*}Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

Ī	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	3
38								3
39								3
40								4
41								4
42				İ				4
43							1	4
44							1	4
45								4
46								4
47								4
48								4
49								4
50								5
51								5
52								5
53								5
54								5
55								5
56								
57								
58								5
59								5
60								6
61								6
62								6
63								6
64								6
65								- (
66								6
Related Building Company (Pages 12-BLDG & 12A-BLDG)								6
Related Party Allocations (Pages 12-REP & 12A-REP)			150.000			(150.000		6
69 Financial Statement Depreciation			179,908			(179,908)		(
70 TOTAL (lines 4 thru 69)		\$ 3,448,803	\$ 179,908		\$ 98,028	\$ (81,880)	\$ 2,145,351	7

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12B 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

B. Building Depreciation-Including Fixed Equipme	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 3,448,803	\$ 179,908		\$ 98,028	\$ (81,880)	\$ 2,145,351	1
2 Sewer Replacement & Repair	2000	5,891		20	262	262	1,048	2
3 Replace Doors	2000	2,326		20	26	26	104	3
4 Sewer Replacement & Repair	2000	1,166		20	52	52	208	4
5 Carpeting	2000	2,666		20	63	63	252	5
6 Compressor	2000	2,663		20	317	317	1,268	6
7 Boiler Room Controls	2000	15,499		20	882	882	2,646	7
8 New Flooring	2000	1,793		20	90	90	270	8
9 Boiler Room Controls	2000	3,631		20	182	182	546	9
10 Replacement Pump For Rad	2000	1,274		20	64	64	192	10
11 Security Camera	2000	1,209		20	130	130	520	11
12 Kitchen Air Conditioner	2000	2,723		20	195	195	780	12
13 Wandering Patient Alarms	2000	18,220		20	911	911	3,644	13
14 Security Camera	2000	269		20	29	29	116	14
15 Kitchen Air Conditioner	2000	584		20	42	42	168	15
16 Wandering Patient Alarms	2000	3,732		20	187	187	748	16
17 Kitchen Remodel	2001	7,582		20	245	245	735	17
18 Carpet	2001	11,220		20	1,029	1,029	3,087	18
19 Kitchen Remodel	2001	2,644		20	78	78	234	19
20 Hardware	2001	5,007		20	148	148	444	20
21 Vacuum Duct Intakes	2001	2,160		20	29	29	87	21
22 Ddc Control Sys For Hvac	2001	7,012		20	1,003	1,003	3,009	22
23 Hall Monitoring System	2001	27,219		20	2,495	2,495	7,485	23
24 Ddc Control Sys For Hvac	2001	71,565		20	7,668	7,668	23,004	24
25 Lennox Roof Top Unit	2001	17,200		20	1,229	1,229	3,687	25
26 Air Conditioner	2001	1,848		20	110	110	330	26
New Boiler Panels	2001	5,558		20	139	139	417	27
28 Upgrade Hyac Sys	2001	1,887		20	23	23	69	28
29 Painting	2001	778		20	39	39	117	29
30 Wall Covering	2001	1,089		20	54	54	162	30
31 Bird Screens	2001	4,176		20	209	209	627	31
32 Boiler Cmi	2001	1,105		20	55	55	165	32
33 Thermostat	2001	1,810		20	91	91	273	33
34 TOTAL (lines 1 thru 33)		\$ 3,682,309	\$ 179,908		\$ 116,104	\$ (63,804)	\$ 2,201,793	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12C 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

B. Building Depreciation-Including Fixed Equipmen	3	4	5	6	7	8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12B, Carried Forward		\$ 3,682,309	\$ 179,908		\$ 116,104	\$ (63,804)	\$ 2,201,793	1
2 Actuator	2001	2,065		20	103	103	309	2
3 Driveway Grates	2001	709		20	35	35	105	3
4 Pressure Valve	2001	1,120		20	56	56	168	4
5 Sewage Pumps	2001	1,739		20	87	87	261	5
6 Electrical Wiring	2001	889		20	44	44	132	6
7 Repair Fuse Boxes	2001	1,423		20	71	71	213	7
8 Replace Boiler Pipes	2001	11,496		20	575	575	1,725	8
9 Repair Kitchen Ceiling	2001	1,276		20	64	64	192	9
10 Renovations For Entire Facility	2002	1,828,004		20	53,011	53,011	106,022	10
11 Humidifier/Boiler	2002	36,624		20	1,831	1,831	3,662	11
12 Air Conditioning/Boiler	2002	17,750		20	888	888	1,776	12
13 Compactor	2002	1,759		20	88	88	176	13
14 Heating Cooling -Jc Dillion	2002	12,712		20	636	636	1,272	14
15 Hot Water Heater	2002	7,296		20	365	365	730	15
16 Humidifier	2002	3,304		20	165	165	330	16
17 Boiler	2002	2,102		20	105	105	210	17
18 Carpet	2002	860		20	43	43	86	18
19 R ₀₀ f	2002	1,700		20	85	85	170	19
20 Medical Center	2003	248,983		20	12,449	12,449	12,449	20
21 Misc Improvements	2003	49,280		20	2,833	2,833	2,833	21
22 Door Locks	2003	814		20	41	41	41	22
23 Hot Water Heater Repairs	2003	2,361		20	118	118	118	23
24 Heating Pumps	2003	1,473		20	74	74	74	24
25 Water Line Repairs	2003	1,673		20	84	84	84	25
26 Refrigeration Repairs	2003	623		20	31	31	31	26
Fan Installation	2003	752		20	38	38	38	27
28 Roof Repairs	2003	546		20	27	27	27	28
29 Light Sconces	2003	566		20	28	28	28	29
30 Roof Repairs	2003	591		20	30	30	30	30
31 Air Conditioner Repairs	2003	520		20	26	26	26	31
32 Fire Alarm Repairs	2003	535		20	27	27	27	32
33 Electrical Outlets	2003	639		20	32	32	32	33
34 TOTAL (lines 1 thru 33)		\$ 5,924,493	\$ 179,908		\$ 190,194	\$ 10,286	\$ 2,335,170	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12D 12/31/03 Facility Name & ID Number The Lutheran Home XI. OWNERSHIP COSTS (continued) # 0019109 Report Period Beginning: 01/01/03 Ending:

R Ruilding Denreciation	n-Including	σ Fixed Equipment	(See instructions)	Round all numbers	to nearest dollar

l	3	4	5	6	7	8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12C, Carried Forward		\$ 5,924,493	\$ 179,908		s 190,194	\$ 10,286	\$ 2,335,170	1
2 Nurse Call Repairs	2003	601		20	30	30	30	2
3 Electrical Repairs	2003	639		20	32	32	32	3
4 Compressor Repairs	2003	679		20	34	34	34	4
5 New Switches	2003	972		20	49	49	49	5
6 Hot Water Line	2003	2,034		20	102	102	102	6
7 Boiler Repairs	2003	1,176		20	59	59	59	7
8 Air Conditioner Repairs	2003	528		20	26	26	26	8
9 Wanderguard System Repairs	2003	2,075		20	104	104	104	9
10 Valve Repairs	2003	1,268		20	63	63	63	10
11								11
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32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 5,934,465	s 179,908		s 190,693	\$ 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12E 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (See insti	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	1
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28 29				1				28
30				-				30
31								31
32	1		1	 		1		32
33	 		1	 	1	1		33
34 TOTAL (lines 1 thru 33)		s 5,934,465	\$ 179,908		\$ 190,693	s 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12F 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

I Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1 Totals from Page 12E, Carried Forward		s 5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	1
2								2
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27								27
28				1				28
29				1				29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12G 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

I Improvement Type**	Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1 Totals from Page 12F, Carried Forward		s 5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	1
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27								27
28				 	 			28
29				 	 			29
30			+	-				30
31			+	-				31
32				1				32
33				1				33
34 TOTAL (lines 1 thru 33)		s 5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

0019109

Report Period Beginning:

01/01/03 Ending:

Page 12H 12/31/03

Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

B. Building Depreciation-including Fixed Equipment. (See instr	3	4	5	6	7	8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cos		in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12G, Carried Forward		\$ 5,93	1,465 \$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	1
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18				1				18
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20				1				20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28				1				28
29								29
30				-				30 31
31 32				1				31
33				+	1			33
34 TOTAL (lines 1 thru 33)		s 5,93	1,465 \$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	34
34 101AL (lines 1 till u 33)		3,93	1/9,900		3 190,093	5 10,765	3 2,335,009	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12I 12/31/03 Facility Name & ID Number The Lutheran Home
XI. OWNERSHIP COSTS (continued) # 0019109 Report Period Beginning: 01/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3		4	5	6	7	8	9	\top
	Year			Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed		Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12H, Carried Forward		S	5,934,465	\$ 179,908		s 190,693	\$ 10,785	\$ 2,335,669	1
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31 32		ļ			.				32
33		l			 				33
34 TOTAL (lines 1 thru 33)		S	5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12J 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

B. Building Depreciation-including Fixed Equipment: (See instru	3	1	4	5	6	7	8	9	Т
	Year			Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed		Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12I, Carried Forward		S	5,934,465	\$ 179,908		\$ 190,693		\$ 2,335,669	1
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28 29		 							28 29
30		1					1		30
31		 							31
32									32
33		1					1		33
34 TOTAL (lines 1 thru 33)		\$	5,934,465	s 179,908		\$ 190,693	s 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12K 12/31/03 Facility Name & ID Number The Lutheran Home # 0019
XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

1	3		4	5	6	7	8	9	$\overline{}$
	Year			Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed		Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12J, Carried Forward		\$	5,934,465	\$ 179,908		\$ 190,693	\$ 10,785	\$ 2,335,669	1
2									2
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28 29									28 29
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31									31
32		1					1		32
33				1			1		33
34 TOTAL (lines 1 thru 33)		S	5,934,465	\$ 179,908		s 190,693	s 10,785	\$ 2,335,669	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12-BLDG 12/31/03 STATE OF ILLINOIS # 0019109 Report Period Beginning: 01/01/03 Ending:

Facility Name & ID Number The Lutheran Home # 0019
XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	D. Dullul	ng Depreciation-Including Fixed Equi	2	3		5				9	
	1	FOR OHF USE ONLY	Year	Year	4	Current Book	6 Life	Straight Line	8	Accumulated	
	Beds*	FOR OHF USE ONL!			Cost	Denvesiation		Depression	Adiustments	Depresiation	
\perp	Beus"		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4					2	\$		\$	2	\$	4
5											5
6											6
7											7
8											8
	Impro	vement Type**	•								
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10											10
11											11
12											12
13											13
14											14
15											15
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

See Page 12A-BLDG, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

^{*}Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-BLDG 12/31/03 Facility Name & ID Number The Lutheran Home # 001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

B. Building Depreciation-Including Fixed Equipment.	3	4	5	6	7	8	9	\neg
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		S	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52 53								52 53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		-						67
68								68
69								69
70 TOTAL (lines 4 thru 69)	1	\$	\$		\$	\$	\$	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12-REP 12/31/03 STATE OF ILLINOIS Facility Name & ID Number The Lutheran Home # 0019
XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

	1	ing Depreciation-Including Fixed Equip	2	3	4	5	6	7	8	9	$\neg \neg$
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line Depreciation	-	Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4			•		S	s		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Impr	ovement Type**									
9		71									9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
24											23
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

^{*}Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-REP 12/31/03 Facility Name & ID Number The Lutheran Home # 0019
XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0019109 Report Period Beginning: 01/01/03 Ending:

l	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		S	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50 51								50 51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63				_				63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$	S		IS	\$	\$	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

CTAT	LE VI	7 TI T	INOIS

Page 13 Facility Name & ID Number 0019109 **Report Period Beginning:** 01/01/03 12/31/03 The Lutheran Home **Ending:**

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	0 1		Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost		Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 534,858		\$ 153,122	\$ 52,377	\$ (100,745)	10	\$ 403,365	71
72	Current Year Purchases	179,743		7,372	16,839	9,467	10	16,839	72
73	Fully Depreciated Assets	488,123					10	488,123	73
74									74
75	TOTALS	\$ 1,202,724		\$ 160,494	\$ 69,216	\$ (91,278)		\$ 908,327	75

D. Vehicle Depreciation (See instructions.)*

	1	Model, Make Year		4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76		VEHICLE	2000	\$ 10,630	\$ 1,519	\$ 1,392	\$ (127)	5	\$ 5,568	76
77		SILVERADO	2000	20,120	2,873	2,395	(478)	5	9,580	77
78		FORD 2002 15 PASSENGER	2002	56,998	5,700	11,400	5,700	5	22,800	78
79		TOYOTA 4 RUNNER	2003	13,131	1,876	1,876		5	1,876	79
80	TOTALS			\$ 100,879	\$ 11,968	\$ 17,063	\$ 5,095		\$ 39,824	80

E. Summary of Care-Related Assets

	E. Summary of Care-Related Assets	ı		2			
		Reference					
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$	7,567,136	81		
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	352,370	82		
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$	276,973	83	**	
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	(75,397)	84	1	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	3,283,820	85		

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1	2	Current Book	Accumulated	
	Description & Year Acquired	Cost	Depreciation 3	Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

** This must agree with Schedule V line 30, column 8.

Fac	ility Name & II	D Number	The Lutheran Home			STA #	ATE OF ILLINOIS 0019109	Report	Period Be	ginning:	01/01/03	Ending:	Page 14 12/31/03
XII	 Name of I Does the f 	nd Fixed Equi Party Holding		ion to renta	al amount shown below on	line '	7, column 4? YES NO						
		1 Year Constructe	2 Number d of Beds	3 Date of Lease	4 Rental Amount		5 Total Years of Lease Ro	6 Total Years enewal Option*					
_	Original Building: Additions	_			\$				3 4		dates of current		nent:
5 6 7	TOTAL				\$				5 6 7	11. Rent to b	oe paid in future y reement:	ears under t	he current
	This amou		ortization of lease expense ated by dividing the total ase							Fiscal Yea 12. 13.	9	Annual R	ent
	9. Option to	Buy:	YES	NO	Terms:		*			14.	/2006	\$	
	15. Îs Moval	ble equipment	ransportation and Fixed E rental included in buildin wable equipment: \$		(See instructions.) Description:		YES X NO						
	C. Vehicle Re	ental (See inst	actions.)				(Attach a schedule det	tailing the break	down of n	novable equipm	ent)		
	1	(= 00 mg/	2 Model Year		3 Monthly Lease		4 Rental Expense			4.70.5			
17	Use		and Make	\$	Payment	\$	for this Period	17			e is an option to be provide complete		
18								18		schedu			

21 TOTAL

SEE ACCOUNTANTS' COMPILATION REPORT

20

** This amount plus any amortization of lease

expense must agree with page 4, line 34.

Facility Name & ID Number	The Lutheran Home				#	0019109	Report Per	iod Beginning:	01/01/03	Ending:	12/31/03
XIII. EXPENSES RELATING TO NUR	SE AIDE TRAINING PI	ROGRAMS (See in	structions.)								
A. TYPE OF TRAINING PROGRA	AM (If aides are trained	in another facility	orogram, attach a	schedule listing t	he facility	name, addre	ss and cost per	r aide trained in th	at facility.)		
1 HAVE VOUEDAINED A	IDEC	T VIDE A	CI ACCDOOM	DODTION			2	CLINICAL DO	DTION		
1. HAVE YOU TRAINED AT DURING THIS REPORT	IDES	YES 2.	CLASSROOM	PORTION:			3.	CLINICAL PORTION:		_	
PERIOD?		x NO IN-HOUSE PROGRAM						IN-HOUSE PRO	OCDAM		
TERIOD.		110	IN-HOUSE I F	OGRAM				IN-HOUSE I K	OGRAM		
			IN OTHER FA	CILITY				IN OTHER FA	CILITY		
If "yes", please complete the	he remainder			OLLI I				II. O I II III I	CILIT		
of this schedule. If "no", p			COMMUNITY	COLLEGE				HOURS PER A	IDE		
explanation as to why this											
not necessary.			HOURS PER	AIDE							
					· <u> </u>						
B. EXPENSES							C. CO	NTRACTUAL IN	COME		
		ALLOCATI	ON OF COSTS	(d)							
								In the box below			
		1	2	3		4		facility received	training aide	es from othe	r facilities.
			cility							_	
		Drop-outs	Completed	Contract		Total		\$		╛	
1 Community College Tuition		\$	\$	\$	\$						
2 Books and Supplies							D. NU	MBER OF AIDES	S TRAINED		
3 Classroom Wages	(a)			_							
4 Clinical Wages	(b)							COMPLET			
5 In-House Trainer Wages	(c)							1. From this fac			
6 Transportation								2. From other fa			
7 Contractual Payments								DROP-OUT			
8 Nurse Aide Competency Tests	3							1. From this fac			
9 TOTALS		\$	\$	\$	\$			2. From other fa	acilities (f)		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(e)

SUM OF line 9, col. 1 and 2

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

TOTAL TRAINED

Page 15

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1 2		2	3	4	5	5	6	7	8	
		Schedule V	Staff		Outsid	de Practitio	ner	Supplies			
	Service	Line & Column	Units of	Cost	(other t	than consult	tant)	(Actual or)	Total Units	Total Cost	
		Reference	Service		Units	Co	ost	Allocated)	(Column 2 + 4)	(Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 2	2,625	\$		\$ 22,625	1
	Licensed Speech and Language										
2	Development Therapist	39 - 01	hrs	35,703						35,703	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs			5	9,422			59,422	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
			# of								
9	Pharmacy	39 - 02	prescrpts					38,990		38,990	9
	Psychological Services										
	(Evaluation and Diagnosis/										
10	Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify): See Supplemental							27,530		27,530	13
14	TOTAL			\$ 35,703		\$ 8	32,047	\$ 66,520		\$ 184,270	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

As of 12/31/03

(last day of reporting year)

XV. BALANCE SHEET - Unrestricted Operating Fund.
This report must be completed even if financial statements are attached.

Facility Name & ID Number

		1		2 After	
		C	perating	Consolidation*	
	A. Current Assets				
1	Cash on Hand and in Banks	\$	(2,345,886)	\$	1
2	Cash-Patient Deposits				2
	Accounts & Short-Term Notes Receivable-				
3	Patients (less allowance)		306,073		3
4	Supply Inventory (priced at)		8,798		4
5	Short-Term Investments		1,003		5
6	Prepaid Insurance		9,136		6
7	Other Prepaid Expenses		24,402		7
8	Accounts Receivable (owners or related parties)				8
9	Other(specify): See Attached Schedule		(2,864)		9
	TOTAL Current Assets				
10	(sum of lines 1 thru 9)	\$	(1,999,338)	\$	10
	B. Long-Term Assets				
11	Long-Term Notes Receivable				11
12	Long-Term Investments				12
13	Land		169,068		13
14	Buildings, at Historical Cost				14
15	Leasehold Improvements, at Historical Cost		6,663,350		15
16	Equipment, at Historical Cost		2,782,076		16
17	Accumulated Depreciation (book methods)		(3,239,934)		17
18	Deferred Charges				18
19	Organization & Pre-Operating Costs				19
	Accumulated Amortization -				
20	Organization & Pre-Operating Costs				20
21	Restricted Funds				21
22	Other Long-Term Assets (specify):				22
23	Other(specify): See Attached Schedule		731,793		23
	TOTAL Long-Term Assets				
24	(sum of lines 11 thru 23)	\$	7,106,353	\$	24
	TOTAL ASSETS				
25	(sum of lines 10 and 24)	\$	5,107,015	\$	25

		1 O ₁	perating	2 After Consolidation*	
	C. Current Liabilities				
26	Accounts Payable	\$	57,039	\$	26
27	Officer's Accounts Payable				27
28	Accounts Payable-Patient Deposits		85		28
29	Short-Term Notes Payable				29
30	Accrued Salaries Payable		200,801		30
	Accrued Taxes Payable				
31	(excluding real estate taxes)		(1)		31
32	Accrued Real Estate Taxes(Sch.IX-B)				32
33	Accrued Interest Payable		78,172		33
34	Deferred Compensation				34
35	Federal and State Income Taxes				35
	Other Current Liabilities(specify):				
36	See Attached Schedule				36
37					37
	TOTAL Current Liabilities				
38	(sum of lines 26 thru 37)	\$	336,096	\$	38
	D. Long-Term Liabilities				
39	Long-Term Notes Payable				39
40	Mortgage Payable				40
41	Bonds Payable		4,036,364		41
42	Deferred Compensation				42
	Other Long-Term Liabilities(specify):				
43	See Attached Schedule				43
44					44
	TOTAL Long-Term Liabilities				
45	(sum of lines 39 thru 44)	\$	4,036,364	\$	45
	TOTAL LIABILITIES				
46	(sum of lines 38 and 45)	\$	4,372,460	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$	734,555	\$	47
	TOTAL LIABILITIES AND EQUITY				
48	(sum of lines 46 and 47)	\$	5,107,015	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

0019109

Report Period Beginning: 01/01/03

Page 18 12/31/03 **Ending:**

			1	
			Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1,543,296	1
2	Restatements (describe):			2
3	Income Restatement		10,174	3
4				4
5				5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	1,553,470	6
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)		(818,915)	7
8	Aquisitions of Pooled Companies			8
9	Proceeds from Sale of Stock			9
10	Stock Options Exercised			10
11	Contributions and Grants			11
12	Expenditures for Specific Purposes			12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment			14
15	Other (describe)			15
16	Other (describe)			16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	(818,915)	17
	B. Transfers (Itemize):			
18				18
19				19
20				20
21				21
22				22
23	TOTAL Transfers (sum of lines 18-22)	\$		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$	734,555	24

* This must agree with page 17, line 47.

Page 19 **Ending:** 12/31/03

0019109 **Report Period Beginning:** 01/01/03 XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	oss Revenue All Levels of Care \$ 4,155,263 counts and Allowances for all Levels (467,538) BTOTAL Inpatient Care (line 1 minus line 2) \$ 3,687,725					
			Amount			
	A. Inpatient Care					
1		\$		1		
2	Discounts and Allowances for all Levels			2		
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$	3,687,725	3		
	B. Ancillary Revenue					
4	Day Care			4		
5	Other Care for Outpatients			5		
6	Therapy		116,078	6		
7	Oxygen		9,347	7		
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	125,425	8		
	C. Other Operating Revenue					
9	Payments for Education			9		
10	Other Government Grants			10		
11	Nurses Aide Training Reimbursements			11		
12	Gift and Coffee Shop		1,610	12		
13	Barber and Beauty Care		17,909	13		
14	Non-Patient Meals		2,703	14		
15	Telephone, Television and Radio			15		
16	Rental of Facility Space			16		
17	Sale of Drugs		44,195	17		
18	Sale of Supplies to Non-Patients			18		
19	Laboratory		435	19		
20	Radiology and X-Ray			20		
21	Other Medical Services		39,017	21		
22	Laundry			22		
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	105,869	23		
	D. Non-Operating Revenue					
24	Contributions		13,775	24		
25	Interest and Other Investment Income***		95,101	25		
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	108,876	26		
	E. Other Revenue (specify):****					
27	Settlement Income (Insurance, Legal, Etc.)			27		
28	See Supplemental Schedule		10,336	28		
28a			•	28a		
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	10,336	29		
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$	4,038,231	30		

		2	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	941,515	31
32	Health Care	2,032,318	32
33	General Administration	937,881	33
	B. Capital Expense		
34	Ownership	655,722	34
	C. Ancillary Expense		
35	Special Cost Centers	243,173	35
36	Provider Participation Fee	46,537	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,857,146	40
41	Income before Income Taxes (line 30 minus line 40)**	(818,915)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (818,915)	43

- This must agree with page 4, line 45, column 4.
- Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.
- *** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT
- ****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number The Lutheran Home

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4				
		# of Hrs.	# of Hrs.	Reporting Period	Average				Nι
		Actually	Paid and	Total Salaries,	Hourly				0
		Worked	Accrued	Wages	Wage				P
1	Director of Nursing			\$	\$	1			Ac
2	Assistant Director of Nursing					2	35	Dietary Consultant	
3	Registered Nurses	22,732	24,740	528,077	21.35	3	36	Medical Director	Moi
4	Licensed Practical Nurses	26,767	29,668	490,727	16.54	4	37	Medical Records Consultant	Moi
5	Nurse Aides & Orderlies	61,356	64,502	682,517	10.58	5	38	Nurse Consultant	
6	Nurse Aide Trainees					6	39	Pharmacist Consultant	Moi
7	Licensed Therapist	2,080	2,080	35,703	17.16	7	40	Physical Therapy Consultant	
8	Rehab/Therapy Aides	1,972	2,121	34,928	16.47	8	41	Occupational Therapy Consultant	
9	Activity Director					9	42	Respiratory Therapy Consultant	
10	Activity Assistants	4,205	4,529	56,812	12.54	10	43	Speech Therapy Consultant	
11	Social Service Workers	2,080	2,080	37,933	18.24	11	44	Activity Consultant	
12	Dietician					12	45	Social Service Consultant	
13	Food Service Supervisor	2,080	2,080	45,859	22.05	13	46	Other(specify)	
14	Head Cook					14	47		
15	Cook Helpers/Assistants	18,631	19,690	207,561	10.54	15	48		
16	Dishwashers					16			
17	Maintenance Workers	5,550	5,958	64,492	10.82	17	49	TOTAL (lines 35 - 48)	
18	Housekeepers	14,611	16,465	161,960	9.84	18			
19	Laundry	6,726	7,369	77,035	10.45	19			
20	Administrator	886	989	66,118	66.85	20			
21	Assistant Administrator					21	C. (CONTRACT NURSES	
22	Other Administrative					22			
23	Office Manager					23			N
24	Clerical	3,172	3,427	60,254	17.58	24			0
25	Vocational Instruction					25			P
26	Academic Instruction					26			A
27	Medical Director					27	50	Registered Nurses	
28	Qualified MR Prof. (QMRP)					28	51	Licensed Practical Nurses	
29	Resident Services Coordinator					29	52	Nurse Aides	
30	Habilitation Aides (DD Homes)					30			
31	Medical Records					31	53	TOTAL (lines 50 - 52)	
32	Other Health Care(specify)					32		· · · · · · · · · · · · · · · · · · ·	•
33	Other(specify) See Supplemental	5,201	5,745	89,406	15.56	33			
34	TOTAL (lines 1 - 33)	178,049	191,443	\$ 2,639,382 *	s 13.79	34	SEE AC	COUNTANTS' COMPILATION RE	PORT

B. CONSULTANT SERVICES

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant	140	\$ 5,256	01-03	35
36	Medical Director	Monthly	3,600	09-03	36
37	Medical Records Consultant	Monthly	1,440	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,586	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	4	232	11-03	44
45	Social Service Consultant	8	435	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	152	\$ 13,549		49

C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53
	•		•	•	

^{*} This total must agree with page 4, column 1, line 45.

^{**} See instructions.

	STATE OF	ILLINOIS
#	0019109	

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12/31/03

7,535

Ending:

01/01/03

TOTAL

**See instructions.

line 24, col. 8)

Facility Name & ID Number The Lutheran Home **Report Period Beginning:** XIX. SUPPORT SCHEDULES A. Administrative Salaries Ownership D. Employee Benefits and Payroll Taxes F. Dues, Fees, Subscriptions and Promotions Description Description Name Function % Amount Amount Amount IDPH License Fee Ronald Jeager CEO None 66,118 Workers' Compensation Insurance 11,733 **Unemployment Compensation Insurance** 60,821 Advertising: Employee Recruitment 7,318 FICA Taxes 201,913 Health Care Worker Background Check 994 **Employee Health Insurance** 171,052 (Indicate # of checks performed Employee Meals 14,509 Subscriptions 1,111 Illinois Municipal Retirement Fund (IMRF)* Dues - LSN 6,560 59,222 Dues - Other 2,440 TOTAL (agree to Schedule V, line 17, col. 1) **Employee Testing** 6,128 Licenses and Fees 5,087 (List each licensed administrator separately.) 66,118 Other Employee Benefits 5,624 B. Administrative - Other Less: Public Relations Expense Description Non-allowable advertising Amount Yellow page advertising TOTAL (agree to Schedule V, TOTAL (agree to Sch. V, 531,002 23,510 line 22, col.8) line 20, col. 8) TOTAL (agree to Schedule V, line 17, col. 3) E. Schedule of Non-Cash Compensation Paid G. Schedule of Travel and Seminar** (Attach a copy of any management service agreement) to Owners or Employees C. Professional Services Description Amount Vendor/Pavee Description Line# Type Amount Amount Heyl, Royster, Voelker & Allen Legal 4,552 Out-of-State Travel Elias, Meginnes, Riffle& Seghetti Legal 52 **Connecting Point** 11,067 Computer ADP **Data Processing** 12,171 In-State Travel 3,998 AAOD Computer 1,163 Heinold-Banwart 5,058 Accounting BDO Seidman, LLP Accounting 7,563 FR&R 6,935 Accounting Seminar Expense 3,537 Adjusted off Page 5 **Undocumented Fees** 1,315 **Entertainment Expense** TOTAL (agree to Schedule V, line 19, column 3) TOTAL (agree to Sch. V,

> * Attach copy of IMRF notifications SEE ACCOUNTANTS' COMPILATION REPORT

49,876

(If total legal fees exceed \$2500 attach copy of invoices.)

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3). (See instructions.)

	(See instructions.)												
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Month & Year						Amount of	Expense Amor	tized Per Year			
	Improvement	Improvement	Total Cost	Useful									
	Type	Was Made		Life	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		8		s	S	s	S	s	s	•	s	s

Facilit	y Name & ID Number The Lutheran Home	STATE #	OF ILLINOIS # 0019109	Report Period Beginning:	01/01/03	Ending:	Page 23 12/31/03
XX. G	ENERAL INFORMATION:			•			
(1)	Are nursing employees (RN,LPN,NA) represented by a union?	(13)		supplies and services which are of the Public Aid, in addition to the daily in			
(2)	Are there any dues to nursing home associations included on the cost report? If YES, give association name and amount. Life Services Network - \$6560	4.0		ection of Schedule V? Yes			C
(3)	Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report?	(14)	the patient census is a portion of the	building used for any function other listed on page 2, Section B? No building used for rental, a pharmacy explains how all related costs were a	, day care, etc.)	For example If YES, attac	e,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?	(15)	Indicate the cost of on Schedule V. related costs?		ssified to employ meal income be the amount.	been offset ag	ainst
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period? Yes 10 years	(16)	Travel and Transp	ortation	No		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ Line		If YES, attach a	complete explanation. eparate contract with the Departmen	at to provide me		
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.		c. What percent of	this reporting period. \$ n/a fall travel expense relates to transportage logs been maintained? N/A			
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.		e. Are all vehicles times when not	stored at the nursing home during th	•		
(9)	Are you presently operating under a sublease agreement? YES x NO)	out of the cost re		_		No
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO x If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over.		Indicate the a transportation	mount of income earned from p n during this reporting period.	providing suc	h S	
		(17)		performed by an independent certifien einold Banwart	ed public accou		Yes tions for the
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$\frac{46,537}{V}\$. This amount is to be recorded on line 42 of Schedule V.			that a copy of this audit be included No If no, please explain.	Not complete		s copy
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.		out of Schedule V			-	
	SEE ACCOUNTANTS' COMPILATION REPORT	(19)	performed been at	re in excess of \$2500, have legal invalued to this cost report? Yes d a summary of services for all arch		-	ices